



Child's Information:

Name: _____

DOB: _____ Age: _____ M / F Shirt Size: _____

Address: _____

Main Contact: (Parent/Guardian)

Name: _____

Address: _____

Main #: _____ H / W / C

Alternate #: _____ H / W / C

Alternate #: _____ H / W / C

Alternate Contact: (Parent/Guardian)

Name: _____

Address: _____

Main #: _____ H / W / C

Alternate #: _____ H / W / C

Alternate #: _____ H / W / C

Pick-Up List:

I authorize the following individuals, other than the listed parent/guardian(s), to pick up my child from the Kids Zone program.

1. Name: _____

Relationship to child: _____

Main #: _____ H / W / C

2. Name: _____

Relationship to child: _____

Main #: _____ H / W / C

3. Name: _____

Relationship to child: _____

Main #: _____ H / W / C

4. Name: _____

Relationship to child: _____

Main #: _____ H / W / C

Emergency Contact Telephone List:

Please provide a list, in order of importance, that may be contacted during program hours (7:30am-6pm).

Name: _____

Relationship to Child: _____

Main #: _____ H / W / C

Alternate #: _____ H / W / C

Name: _____

Relationship to Child: _____

Main #: _____ H / W / C

Alternate #: _____ H / W / C

Name: _____

Relationship to Child: _____

Main #: _____ H / W / C

Alternate #: _____ H / W / C

Name: _____

Relationship to Child: _____

Main #: _____ H / W / C

Alternate #: _____ H / W / C

Please provide us with your email address and we will send our weekly Kids Zone eNewsletter with any updates.

_____ @ _____

X

Parent/Guardian Signature

Date

STAFF USE ONLY

- ☐ Enrollment Form
- ☐ Safety Information
- ☐ Policies Agreement
- ☐ Current MAC Card

Staff: _____ Date: _____



Safety Information | 2016

Medical Information: (Please write NA if the question does not apply.)

Physician: _____

Main #: _____

Preferred Hospital: _____

(In case of emergency and a contact can not be reached.)

☐

Initial

I authorize the emergency medical treatment of my child in the event that a parent/guardian can not be reached, should it become necessary.

Does your child have any medical conditions they may be affected by while attending Kids Zone? (ADD, epilepsy, food allergies, etc.)

Please list any medications and the reason prescribed that your child may be taking while attending Kids Zone. *We do NOT administer injections.*

Does your child have any limitations that may affect their ability to participate in any physical activities while attending Kids Zone?

I do hereby covenant and agree that I assume all risks associated with participation in Mansfield Parks and Recreation authorized activities and so hereby accept that any injury or injuries as a result of my participation in Mansfield Parks and Recreation authorized activities shall be my responsibility. I agree to and shall indemnify, hold, harmless, and defend the City, its officers, agents, and employees, from and against any and all claims, losses, damages, causes of action, suits, taxes, fines, penalties, and liability of every kind, including all expenses of litigations, court costs, and attorney's fees, for any property, arising out of, in connections with or resulting from the performance of this agreement, save and except for loss or injury due solely to the negligence of the City. In the event of joint or concurrent negligence of participant and city, then responsibility, if any, shall be apportioned comparatively in accordance with the laws of the state of Texas, without, however, waiving any defense of the City or participant under Texas law. Further more, I authorize emergency medical or dental treatment should it become necessary.

X

Parent/Guardian Signature

Date

Swimming Ability: (Summer Only)

Please choose which swimming ability best suits your child.

- ☐ My child is afraid of the water.
- ☐ Beginner - My child needs assistance to float, and does not jump into the pool; somewhat apprehensive of the water.
- ☐ Intermediate - My child can hold his/her breath underwater, float unassisted, and swim short distances.
- ☐ Advanced - My child can swim lengths of the pool unassisted and can swim underwater for multiple body lengths.
- ☐ My child has had a traumatic experience in the water.

Any additional information you would like to provide:

Please list below any additional information that you feel we should be aware of (likes to be outside, social, quiet, etc.).

Photo Policy: The City of Mansfield, its officials, employees, agents, and representatives have the right to use pictures or video of my child's participation in any of the Mansfield Parks and Recreation programs for promotional purposes. Please select your preference:

☐

Yes

☐

No



Policies Agreement | 2016

Please read the entire 2016 *Kids Zone Parent's Handbook* before completing this form.
Initial each box stating that you have read and understand all the Kids Zone policies.

Child's Name: _____

Policies

Initial

☐

I have read and understand the discipline policies stated in the Kids Zone Parent's Handbook and I am aware that children will be written up for inappropriate behaviors which can lead up to immediate parent phone calls and/or immediate suspension or dismissal from the program. No refunds will be issued for suspension or dismissal.

☐

I understand that Kids Zone is an active program and usually out of the building between the hours of 9am-4pm. If I plan to drop my child off or pick my child up between these times, I MUST have prior arrangements made with the Recreation Coordinator.

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Summer Registrations Only: I understand that in order to reserve a spot for my child in a desired week, a \$10 non-refundable & non-transferable deposit must be made or the week must be paid in full. To keep my spot with a deposit, the remainder must be paid in full by the Monday of the week prior to the week attending.

☐

I understand that I must inform Kids Zone staff of any absences from Kids Zone as soon as possible by calling the Recreation Coordinator at 817-728-3683. There are no refunds or discounts for time missed.

☐

I understand that the Kids Zone Program starts at 8am daily and I cannot drop my child off earlier unless I have paid the early drop-off fee for that week. Any child dropped off early without having paid the early drop-off fee will have fees assessed and due immediately before that child may be signed-in for the day. Fees are not prorated.

☐

I understand that the Kids Zone Program ends at 6pm daily and fees will be assessed and due at time of pick-up if my child is picked up after 6pm. There is an initial late fee of \$15, with an additional late fee of \$5 for every additional 15 minutes. Fees are assessed per child.

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I understand that anyone picking up my child, including parents/guardians, must be listed on the Pick-Up List and will be required to show a photo ID to do so. Kids Zone staff will not release a child to anyone not on the Pick-Up List or without a photo ID.

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I understand that for the safety of all the children, a parent/guardian must sign my child **in** and **out** every day.

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I understand that I am responsible to notify anyone dropping off or picking up my child from the Kids Zone Program all of the Kids Zone Policies.

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I understand that my child(ren) will not be allowed to be dropped off or picked up at any other location other than the MAC or a local park without the prior consent of the Recreation Coordinator.

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I understand that my child will be transported for daily trips by either a City owned 15-passenger van driven by City staff or by a MISD bus driven by an MISD bus driver.

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I have read and understand the Kids Zone dress code policy stated in the Parent's Handbook. I will bring my child appropriately dressed each day. Children may not be signed-in until they are appropriately dressed.

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I understand that lunch and snack time are provided, however I am responsible for providing a sack lunch and snacks daily; or money to purchase items from the MAC Front Desk.

☐

I understand my child(ren) may **not** bring their own toys/technology, including cell phones, to Kids Zone.

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I understand that I am responsible to make sure my child knows and comprehends all the Kids Zone Policies before attending the program.

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I have been made aware that the Standards of Care are available online at www.mansfieldparks.com or by request at the Mansfield Activities Center.

Parent/Guardian Signature

Date